2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# S47882

Entity Name: MED ALERT RESPONSE, INC.

Current Principal Place of Business:

1805 CREST DR.
LAKE WORTH, FL 334616104

New Principal Place of Business:

2500 NW 21ST TER 176
BOYNTON BEACH, FL 334362112

Current Mailing Address:

1805 CREST DR.
LAKE WORTH, FL 334616104

New Mailing Address:

PO BOX 889
LAKE WORTH, FL 334600889

FEI Number: 59-3059111 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHULZ, CAROLYN E
1805 CREST DR
LAKE WORTH, FL 33461 US

Name and Address of New Registered Agent:

SCHULZ, CAROLYN E RA
2500 NW 21ST TER 176
BOYNTON BEACH, FL 33436 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CAROLYN E SCHULZ 03/24/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SCHULZ, CAROLYN E D
Address: 1805 CREST DR.
City-St-Zip: LAKE WORTH, FL 33461 US

Title: D ( ) Delete
Name: SCHULZ, DAVID F
Address: 1805 CREST DRIVE
City-St-Zip: LAKE WORTH, FL 33461 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SCHULZ, CAROLYN E D
Address: 2500 NW 21ST TER 176
City-St-Zip: BOYNTON BEACH, FL 33436 US

Title: D (X) Change ( ) Addition
Name: SCHULZ, DAVID F
Address: 2500 NW 21ST TER 176
City-St-Zip: BOYNTON BEACH, FL 33436 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN E SCHULZ D 03/24/2009
Electronic Signature of Signing Officer or Director Date